

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/830417		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3	1						53				
4	1						54				
5		3					55				
6	1						56				
7		1					57				
8	1						58				
9		1					59				
10	1						60				
11		1					61				
12		1					62				
13		2					63				
14	1						64				
15		1					65				
16		1					66				
17	1						67				
18	1						68				
19		2					69				
20	1						70				
21	1						71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27	1						77				
28	1						78				
29		1					79				
30	1						80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35	1						85				
36		1					86				
37		1					87				
38		1					88				
39	1						89				
40	1						90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45	1						95				
46		1					96				
47		1					97				
48	1						98				
49							99				
50							100				
TOTAL IND.	19						TOTAL IND.				
TOTAL DEP.	33						TOTAL DEP.				
TOTAL CLAIMS	52						TOTAL CLAIMS				